

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor:

Ming-Jun Li, et al.

Serial No:

10/044,455

Filing Date: 01/11/2002

Group Art Unit: 2877

Examiner: Michael P. Mooney

Title:

WAVEGUIDE FIBER FOR

DISPERSION AND SLOPE COMPENSATION

RESPONSE

Mail Stop Non-Fee Amendment Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

RESPONSE TO THE EXAMINER'S 1st OFFICE ACTION

In reply to the Office Action dated November 24, 2003, please enter the following Amendments and consider the Remarks as follows:

The Listing of the Claims start of page 2.

The Remarks start on page 6.

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

SP01-029

CLAIMS AS FILED - PART (Column 1)			(Column 2)			SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY				
TOTAL CLAIMS			16				ſ	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		ŀ	BASIC FEE		OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS 1 minus 20=			us 20=	*			X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS				nus 3 =	*			X42=		OR	X84=	_	
MULTIPLE DEPENDENT CLAIM PRESENT							Ī	+140=		OR	+280=	280	
* If the difference in column 1 is less than ze				ero, enter	"0" in c	olumn 2	L	TOTAL		OR	TOTAL		
	C	LAIMS AS A	MENDED - PART II								OTHER THAN		
		(Column 1)		(Colur		(Column 3)	_	SMALL		OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDW	Total	• 20	Minus	# 2	0	=		X\$ 9=		OR	X\$18=		
AME	Independent	* 5	Minus	***	3 CLAIM	<u> </u>		X42=		OR	X84=	172	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=.		OR	+280=		
							_ A	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	りる	
		(Column 1) (Column 2) (Column 3)								•			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		3	1	X\$ 9=		OR	X\$18=		
AME	Independent	•	Minus	***		-	ſ	X42=		OR	X84=		
L_	PHESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								OR	+280=		
							Al	TOTAL DDIT. FEE		OR	TÖTAL ADDIT, FEE		
		(Column 1)		(Colur		(Column 3)							
IENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT C	Total	*	Minus	**		s'		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***				X42=		OR	X84=		
	FIRST PRESE	NTATION OF MI	JULIPLE DEF	ENDEN	CLAIM		T	+140=			+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
·	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												